

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107520374**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
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12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18	1		1			
19		2		2		
20		2		2		
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49						
50						
TOTAL IND.	2	↓	1	↓		↓
TOTAL DEP.	33	←	33	←		←
TOTAL CLAIMS	35		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						